



**CONTINUATION OF COVERAGE IN A MEDICAL SPENDING ACCOUNT (COBRA)**  
NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM  
SFN 53512 (01-05)

In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to 26 U.S.C. Sec. 3402. The individual's social security number will be used for tax reporting and as an identification number.

**NDPERS • PO Box 1657 • Bismarck, • North Dakota 58502-1657**  
**(701) 328- 3900 • 1-800-803-7377 • Fax 701-328-3920**

<b>PART A PARTICIPANT/QUALIFIED BENEFICIARY INFORMATION</b>			
Name (Last, First, Mi)		Member Id Number (Required)	
Daytime Telephone Number		Social Security Number (Required)	
Address	City	State	Zip Code + 4
<b>PART B CONTINUATION OF COVERAGE ELECTION / WAIVER</b>			
Do you wish to continue your current participation in the NDPERS Medical Spending Account?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>If you elect Medical Spending Continuation coverage, it will be in effect to the end of the current plan year, or December 31.</b>			
<b>PART C AUTHORIZATION OF APPLICANT</b>			
I have read the information in its entirety, <b>including the back page</b> , and agree to abide by the terms of the Plan Document. I certify, under penalties of perjury, that the information submitted on this form is true, correct and complete.			
_____ Applicant Signature		_____ Date of Signature	

**ORIGINAL TO NDPERS – PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS**

## CONTINUATION OF COVERAGE IN A MEDICAL SPENDING ACCOUNT (COBRA)

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### **Entitlement to COBRA Coverage**

Under provisions of the Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985, you have the opportunity to extend your participation in the NDPERS Medical Spending Account to the end of the current plan year.

Participants may elect to continue coverage in the Medical Spending Account if they terminate employment for reasons other than gross misconduct or become ineligible due to a reduction in hours of employment.

Qualified Beneficiaries Your spouse or dependent(s) may elect to continue coverage in a medical spending account under the following circumstances:

1. Participant's Death
2. Divorce or legal separation
3. A dependent child ceases to be a "dependent child" under the group health plan.

Under the law, it is the responsibility of the person seeking continuation coverage to inform NDPERS of a divorce, legal separation or a child losing dependent status within 60 days of the date of the event.

The employer has the responsibility to notify NDPERS of a participant's death, termination, or reduction in hours of employment.

You will have 60 days from the date of this notice to inform NDPERS that you want continuation coverage.

### **Length of COBRA Coverage**

You, your spouse or dependent(s), are eligible to receive continuation coverage until the end of the plan year, or December 31, in which the qualifying event occurred.

### **COBRA Coverage Premiums**

To continue your coverage, submit the premium amount plus a two percent (2%) administrative fee by the first of each month.

If you fail to pay the premium on time, your coverage will terminate on the last day of the month for which a contribution was received.

**Continuation coverage under COBRA is provided subject to your eligibility. NDPERS reserves the right to terminate your COBRA coverage retroactively if you are determined to be ineligible for coverage.**

**IF YOU DO NOT RETURN THIS ELECTION FORM WITHIN 60 DAYS OF THE DATE OF THIS NOTICE YOU WILL LOSE YOUR RIGHT TO ELECT CONTINUATION COVERAGE**